

not RCRA

5E0401-A0403

NFA-UYW
9/2/87

SITE DESCRIPTION/EXECUTIVE SUMMARY

Site Name and Location

Drake Ind., Inc.
455 E. Water Street
Constantine, Michigan 49042

County: St. Joseph
Michigan Code Number: 75-07S-12W
DNR District: Plainwell
EPA ID Number: MID040281594

SAS Score/Screen No.:

Based upon file information and site inspection, there is no hazardous waste generation or problems at this site. This site receives a no further action priority for inspection.

RECEIVED

AUG 26 1987

Program
Support Section

US EPA RECORDS CENTER REGION 5



433095

Date of Previous Summary:
Previous Author:

Current Date: 8/10/87
Author: C. Wallace/A. Pugh

Site Assessment Unit
Environmental Response Division
Michigan Dept. of Natural Resources



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

26 040281594

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER			
Drake IND, INC		455 E Water St.			
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
Constantine	MI	49042	St. Joseph	149	04
09 COORDINATES LATITUDE		LONGITUDE			

10 DIRECTIONS TO SITE (Starting from nearest public road)

III. RESPONSIBLE PARTIES

01 OWNER (If known)		02 STREET (Business, mailing, residential)	
Richard G. Hagman - President		455 E Water St.	
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
Constantine	MI	49042	(616) 435-2715
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
Ronald Strand - Gen. Manager		455 E. Water St.	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
Constantine	MI	49042	(616) 435-2715
13 TYPE OF OWNERSHIP (Check one)			
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL			
<input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION		BY (Check all that apply)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE 05/07/80 MONTH DAY YEAR	<input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR	<input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)
CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one)		03 YEARS OF OPERATION	
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		1984 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN	

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

N/A - No hazardous wastes generated

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

N/A

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)		03 TELEPHONE NUMBER	
Galen Kilmer	MDNR - ERD		(616) 685-9886	
04 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
C. Wallace/A. Pugh	MDNR	ERD	(517) 373-4800	08/10/87 MONTH DAY YEAR

00264 NB